

**Town of Enfield
Contract Compliance**

TITLE VI COMPLAINT REPORTING FORM

Reviewer: _____

Date: _____

Complainant Information

Name:	Race:	Sex:	
Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:		

Complaint Details:

Discrimination based on:

Race ____ **Color** ____ **National Origin** ____ **Sex** ____ **Age** ____ **Disability** ____ **Other** ____

Signature of Complainant: _____ **Date:** _____

Signature of Reviewer: _____ **Date:** _____

List of Persons to be Interviewed:

Findings:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date Complaint Completed: _____

If the complaint has referred to another agency, please provide the name and address of the agency:

TITLE VI LOG

<u>Complainant's name</u>	<u>Race/ Sex/ Color/ National Origin/ Age/ Disability</u>	<u>Date Received</u>
<u>Investigated by:</u>	<u>Date to Town of Enfield:</u>	
<u>Allegations:</u>		
<u>Findings:</u>		
<u>Disposition:</u>		
<u>Date of Disposition:</u>		

<u>Complainant's Name</u>	<u>Race/ Sex/ Color/ National Origin/ Age/ Disability</u>	<u>Date Received</u>
<u>Investigated by:</u>	<u>Date to Town of Enfield:</u>	
<u>Allegations:</u>		
<u>Findings:</u>		
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